

Hanford Site Pension Plans
DIRECT DEPOSIT AUTHORIZATION FORM

O&E/HAMTC/HGU

Name (*Print Last, First, MI*):

Payroll Number:

Social Security Number:

This form should be used to notify the Administrator of the Hanford Site Pension Plans that all future retirement benefit payments should be deposited directly in a financial institution. Your request will be processed under established Administrative procedures. The Administrator of the Hanford Site Pension Plans assumes no responsibility for delay in depositing.

NOTE: *Direct deposit option for lump sum is for direct distribution only.*

INSTRUCTIONS

Please deposit all pension benefits payable to me to the account specified below:

PLEASE HAVE YOUR BANK VERIFY THE ROUTING AND ACCOUNT INFORMATION TO ENSURE THEY ARE CORRECT FOR SETTING UP DIRECT DEPOSITS.

ACCOUNT INFORMATION (*Check One*):

☐ Checking Account

☐ Savings Account

Financial Institution Name:

(at which the above account has been established)

Account Number:

Routing/Transit Number:

Phone Number:

Institution Address:

Street:

City, State, Zip:

PARTICIPANT INFORMATION

Street:

City, State, Zip:

Phone Number:

Print First and Last Name

Signature / Date

This direct deposit instruction shall remain in effect until cancelled in writing.

Return form to: Hanford Mission Integration Solutions
Attn: Benefits Accounting
PO Box 943, H3-08
Richland, WA 99352

KEEP A COPY FOR YOUR RECORDS